1850 Corbration 0 / 76 7 Department of State Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H130000906563)))



H130000906563ABC/

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850) 617-6381

From:

Account Name : NORTHWEST REGISTERED AGENT LLC

Account Number : I20090000081

: (509)768-2249

Fax Number

: (323)544-4790

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

		_						
Ema	ì	1	A	dd	Fe	8	Б	:

FOREIGN PROFIT/NONPROFIT CORPORATION **K2 MANAGEMENT INC.**

Certificate of Status	0	
Certified Copy	0 .	
Page Count	04	
Estimated Charge	\$70.00	

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. K2 MANAC			
(Enter name of "Inc.," "Co.,"	of corporation; must include "INCORPORATE "Corp," "Inc," "Co," or "Corp.")	D," "COMPANY," "CORPORATION,"	
(If name unay	vailable in Florida, enter alternate corporate nam	ne adopted for the purpose of transacting but	siness in Florida
	JUSETTO	•	in the same
2. MASSACHUSETTS 3. (State or country under the law of which it is incorporated) (FEI number, if applicable)			
			c)
4. OCTOBE	Pate of incorporation)	5. PERPETUAL (Duration: Year corp. will cease to exist	
(L	vate of incorporation)	(Duration: Year corp. will cease to exist	for "perpetual")
6			
		s in Florida, if prior to registration) 1502, F.S., to determine penalty liability)	
- CENINIAE		- • • • • • • • • • • • • • • • • • • •	144 00404
7. GENNAR	RI ARONSON, LLP, 300 FIRST (Principal office ac		MA 02494 .
OFNINIAF	• •	•	144 00404
GENNAR	RI ARONSON, LLP, 300 FIRST		MA 02494
	(Current mailing a	idress)	
。CONST	RUCTION MANAGEMENT SE	RVICES	
·	se(s) of corporation authorized in home state or		
_	,	-	Fig. 3
9. Name and st	treet address of Florida registered agent: (P	.O. Box NOT acceptable)	R T
Name:	NORTHWEST REGISTERED AGEN	IT LLC	
		450	23 T
Office Address	3030 N. ROCKYPOINT, DR, STE	150A	
	TAMPA .	, Florida 33607	
	(City)	(Zip code)	: 3 : 3
10 Th- 14	3		> J
_	d agent's acceptance: camed as registered agent and to accept ser	vice of process for the above stated cor	noration at the place

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Dan Keen-Manager
(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

FILED

12. Names and business addresses of officers and/or directors:

13 APR 23 AM ID: 37

A. DIRECTORS	SECRETION OF
Chairman: CARSTEN PLOUG JENSEN	SECRETARY OF STATE TALLAHASSEE, FLORIDA
Address: 300 FIRST AVE, SUITE 102	
NEEDHAM, MA 02494	
Vice Chairman:	
,	
Address:	,
Director:	
Address:	
Director:	
Address:	· · · · · · · · · · · · · · · · · · ·
B. OFFICERS President: CARSTEN PLOUG JENSEN Address: 300 FIRST AVE, SUITE 102	
NEEDHAM, MA 02494	
Vice President:	
Address:	•
Secretary: NEIL H. ARONSON	
Address: 300 FIRST AVE, SUITE 102, NEEDHAM	, MA 02494
Treasurer: CARSTEN PLOUG JENSEN	
Address: 300 FIRST AVE, SUITE 102, NEEDHAM	I, MA 02494
NOTE: If necessary, you may attach an addendum to the ap	plication listing additional officers and/or directors.
Signature of Director of Direc	

14. NEIL H. ARONSON, SECRETARY

(Typed or printed name and capacity of person signing application)

third degree felony as provided for in s.817.155, F.S.



Commonwealth

The Commonwealth of Massachusetts Secretary of the Commonwealth State House, Boston, Massachusetts 02188

Date: April 18, 2013

To Whom It May Concern:

I hereby certify that according to the records of this office,

K2 MANAGEMENT INC.

commonwealth of Massachusetts. I further certify that there are no proceedings presently pending under the Massachusetts General Laws Chapter 156D section 14.21 for said corporation's dissolution; that articles of dissolution have not been filed by said corporation; that, said corporation has filed all annual reports, and paid all fees with respect to such reports, and so far as appears of record said corporation has legal existence and is in good standing with this office.



In testimony of which,
I have hereunto affixed the
Great Seal of the Commonwealth
on the date first above written.

Secretary of the Commonwealth

William Tranin Galicin

Certificate Number: 13041909850

Verify this Certificate at: http://corp.sec.state.ma.us/CorpWeb/Certificates/Verify.aspx

Processed by: nmc